

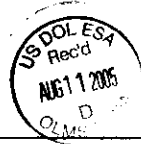
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - 6060

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Dolores A Gorczyca

P.O. Box, Bldg., Room No., if any

Street 3 Dickenson Court

City Freehold

State New Jersey ZIP Code + 4 07728

4. Name, file number, and address of labor organization.

Name Intl Fed of Professional & Technical Engineers

Labor Organization File Number 000-069

P.O. Box, Building and Room Number, if any

Street 8630 Fenton Street Suite 400

City Silver Spring

State Maryland ZIP Code + 4 20910

5. Position in labor organization.

Secretary-Treasurer

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Dolores A Gorczyca

On 8/10/2005

Date

301-565-9016

Telephone Number

Name of Person Filing Dolores Gorczyca	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Woodley, Genser & McGillivray</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1125 15th Street NW Suite 400</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20005</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Legal Services</p>
	<p>11.b. Approximate dollar value of such dealing. \$36,231</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Christmas Gift Basket</p>
	<p>12.b. Amount. \$100</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Dolores Gorczyca	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Fidelity & Deposit Company of Maryland</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 1227</p> <p>Street</p> <p>City Baltimore</p> <p>State Maryland ZIP Code + 4 21203</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Issues Bond Coverage for International & Locals. Paid every 3 years. Next premium due 3/2006</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>10/13/04 Attended Crab Feast Dinner</p> <p>12.b. Amount. \$30</p>

Name of Person Filing Dolores Gorczyca

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Crowne Plaza Hotel

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1800 Market Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19103

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Lodging for a 3 day seminar

11.b. Approximate dollar value of such dealing.

\$550

12.a. Nature of interest held or income received.

Fruit Basket in room with wine, cheese, and chocolate

Approximate value

12.b. Amount.

\$50